

PLAN YEAR _____

PLEASE STAPLE SUPPORTING DOCUMENTATION TO THE BACK OF THIS FORM

HOME PHONE () _____ DAY PHONE () _____

CITY _____ STATE _____ ZIP _____

EMPLOYER _____

[illegible]

TOTAL	
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FOR OFFICE USE ONLY	DATE	AUTHORIZATION #	INITIAL
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[illegible]

Category	Value
Category 1	10
Category 2	20
Category 3	30
Category 4	40
Category 5	50
Category 6	60
Category 7	70
Category 8	80
Category 9	90
Category 10	100
TOTAL	500

the expenses provided to me or my eligible dependents on the date(s) indicated. I am responsible for misrepresentation regarding requests for reimbursement.

DATE:	FOR OFFICE USE ONLY	DATE	AUTHORIZATION #	INITIAL